TRAVEL EXPENSE CLAIM

See Instructions and Privacy

	REV. 10/92)				Statemer	nt on Rev					Page	1	of	1
CLAIMANT'S						SSAN OR EN	IPLOYEE NUM	MBER		DEPARTME	NT			12/2
Barbara	Kaufma	n		CB/ID NUMBI	ER	DIVISION OR	BUREAU			Office (of Govern	nor, San I	Francisco)
Director												INDEX NOME	ER	
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
						455 Golden Gate Ave., Suite 14000								
					ZIP									
					San Francisco C				CA	A			94102	
MEALS								TRANSPORTATION					esconducional de	
Jul-08		LOCATION	18							CARFARE,			BUSINESS	TOTAL
	т	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSE
DATE	TIME	WERE INCURRED	-	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
07-Mar		San Francisco								3.50		0.00		3.5
					-									
												0.00		0.0
15-Mar		San Francisco				1				/2.00	,	. 0.00		2.0
												0,00		2.0
												0.00		0.0
31-Mar	10	San Francisco								9.00		0.00		9.0
										7.50		0.00		7.0
			-									0.00		0.0
												0.00		0,0
											 	0.00		0,0
			ļ								-	0.00		0.0
												0.00		0.0
							1));-					0.00		0.0
												0.00		0.0
			Č			4*						0.00		0.0
												0.00		0.0
												0.00		0.0
					20							0.00	y:	0.0
												0.00		0.0
SUBTOTALS 0.00 0.00 0.00					0.00	0.00	0.00	0.00	14.50	0	0.00	0.00		
COLUMN	CODE (A	ACCTG. USE ONLY	Y)											
	CLAIM	TOTAL											\$14	1.50
PURPOS		IP, REMARKS AND	DETAILS	(Attach re	eceints w	hen requir	ed)				NORMAL WORK HOURS			
								de remar	ks and		I TOTAL T	NOINI TIOC	,,,,	
Louie Fung Yick Hong Benevolent Assn Chinese New Year banquetBK made remarks and read a message from the Governor											PRIVATE VEHICLE LICENSE NUMBER			
Lee On Dong Benevolent Assn Chinese New year banquetBK made remarks and read a														
											5ZGU718			
message from the Governor German Consul General farewell lunch as my guest.											MILEAGE RATE CLAIMED			
German	Consui	Jeneral latewell	iulicii as i	ny guest.							0.445	W 4000I	INITING	FFIOE
	002/00/100/00/00/00 02/0										AGENC	Y ACCOL		PFICE
and a supplemental		at the above is a true state										USE	ONLY	
		owned vehicle was used a								qual to or	PAID BY	REVOLVING F	UND CHECK N	UMBER
greater than	the rate clair	med, and that I have met	the requireme	nts as prescr	ibed by SAM	Sections 075	50, 0751,0752	2, 0753 and 0	0754		16	140	49	44
	vahiela cafa	ety and seat bell usage.			DATE	/	G					- [-	(/	
	Verlicie sale				DATE	,							DATE	
	overlicie sale				41	/ /							DATE	
	PIONE SALE				4//	0/09							DATE	
1	OF TILE OF	AUTHORITI FOR SPECIAL	LAFENSES		4/1	0/09							DATE /	